

REQUEST FOR ASSISTANCE DATA SHEET

<https://idals.iowa.gov/FARMS/>

Highlighted Areas Must Be Completed

CHECK ONE: INDIVIDUAL BUSINESS – Type: _____

LEGAL NAME/BUSINESS NAME: _____

ADDRESS: _____

HOME PHONE #: _____ CELL PHONE #: _____

WORK PHONE #: _____ FAX #: _____

SSN / FEDERAL ID #: _____

EMAIL ADDRESS: _____

TYPE OF APPLICANT: OWNER _____ CONTRACT BUYER _____

(Check One)

OPERATOR/TENANT _____ CONTRACT SELLER _____

AGENT _____ POWER OF ATTORNEY _____

NUMBER OF INDIVIDUALS OR BUSINESSES RECEIVING PAYMENT: _____

FARM NAME: _____

(“Home Farm”, “North Place”, “Dad’s Farm”, etc.)

FARM #: _____ TRACT #: _____ FIELD #: _____ STAND #: _____

LEGAL DESCRIPTION (quarter, section, township, tier-range, county) - **Attach Aerial Map:** _____

PRACTICE NAME: _____ QUANTITY: _____

PROGRAM: _____

(IFIP, REAP, WPF, WSPF, Section 319, FLEVAL, Buffer Initiative, LWPP)

EST. START DATE: _____ EST. COMPLETION DATE: _____

TECHNICIAN: _____ **(Technicians – Attach Cost Estimate Sheet)**

NEED COPY OF FORESTRY PLAN FOR THIS APPLICANT: Yes No, already have a copy

Please return this completed form to: Allamakee SWCD, 635 9th Street NW, Waukon, IA 52172
or you may fax it to: (563) 568-3322 Questions ~ Call (563) 568-2246 ext. 3